

# Project Impact Residential Shuttering Program Application

**Program Description:** Project Impact will install aluminum panel hurricane shutters on homes of individuals who meet the requirements listed below. Program participants will be selected on a first come first serve basis. **All supporting documentation must be submitted with the application.**

**Program Requirements:** Applicants must meet **all** criteria listed below:

1. Age of head of household is 65 years or older.
2. Total household annual income does not exceed \$20,000.
3. Applicant must own and reside in a single-family home.
4. Applicant lives within Program Eligibility Zones (map attached).
5. Applicant lives within unincorporated Miami-Dade County or a participating municipality (list attached).
6. Applicant agrees to put up shutters when a tropical storm or hurricane threatens Miami-Dade County, or applicant has made arrangements to have someone else put the shutters up when appropriate.
7. Applicant's home meets structural requirements for panel installation, as determined by a pre-construction evaluation if applicant is selected. Window coverings such as bars and canopies may prevent installation.

**Mail or deliver completed application to:**

Project Impact Residential Shuttering Program  
Miami-Dade County Community Action Agency  
2902 N.W. 2<sup>nd</sup> Avenue  
Miami, FL 33127

Questions regarding the Project Impact Residential Shuttering Program should be directed to the Answer Center at (305) 468-5900 which is open Monday – Friday from 8:00 am to 8:00 pm.

***Only complete applications will be processed. Applicants will be contacted only if selected for the Program.***

## Applicant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Social Security Number                      Language Spoken                      Age

Gross Household Income \_\_\_\_\_ Number of People in Household \_\_\_\_\_

**Please list below all other people that live in your home**

[illegible]

**Please check one box:**

- ☐ If I am selected to participate in this program, I agree to put up the storm shutters myself if a tropical storm or hurricane should threaten Miami-Dade County.
- ☐ If I am selected to participate in this program, I will not be able to put up the shutters myself. I will need Project Impact to arrange for someone else to put them up for me if a storm should threaten Miami-Dade County.
- ☐ If I am selected for this program I will not be able to put storm shutters up myself. I have personally contacted someone who has agreed to put them up for me, should a tropical storm or hurricane threaten Miami-Dade County. **If you have checked this box, the person who has agreed to put up the shutters must complete the box below.**

I agree to put up the aluminum panel storm shutters that Project Impact may provide for this applicant when a tropical storm or hurricane threatens Miami-Dade County.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_ Phone\_\_\_\_\_

Relationship to Applicant (neighbor, friend, daughter, etc.)\_\_\_\_\_

**You must include with this application a copy of one document from each list below. Your application will not be processed without these documents.**

**Proof of Ownership**

Warranty Deed  
Combined Tax Notice  
Homestead Exemption Card

**Proof of Income**

W2 Form  
SS or SSI Benefits Letter  
TANF  
Pay stubs for the last 3 months

If a child in your household is fifteen or older, you must include a letter of verification from that child's school. If the child is not attending school, you must include a notarized letter stating that he/she has not received any income in the past 12 months. This applies to any unemployed adult as well.

I have read and understood this application. I understand that even if I am selected to participate in this program, I will be responsible for protecting my home from damage, should a storm threaten Miami-Dade County before the shutters are installed. I understand that I will be responsible for storing the aluminum panels should I be selected to participate in this program.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements of any kind, or omission of facts called for on this application, are a basis for removal from the Program regardless of when they are discovered.

Signature of Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

## Program Eligibility Zones

You must reside outside of the shaded portion of this map to be eligible for the Program.



